

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. **HW273108**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

| <b>OFFICER INFORMATION</b>  |                                   | <b>INCIDENT INFORMATION</b>   |   |
|---|-----------------------------------|---|---|
| NAME (LAST - FIRST - M.I.)<br><b>MORSI, MICHELLE G</b>  |                                   | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR   |   |
| STAR NO.<br><b>4176</b>   | POSITION<br><b>POLICE OFFICER</b> | ADDRESS OF OCCURRENCE<br><b>8310 S KERFOOT AVE</b>  |   |
| DATE OF APPOINTMENT<br><b>27-MAR-2006</b>   | EMPLOYEE NO.<br>[REDACTED]        | CITY <input checked="" type="checkbox"/> CHICAGO  | STATE (If outside Chicago)  |
| UNIT OF ASSIGNMENT<br><b>006</b>  | BEAT/CALL NO.<br><b>0622</b>      | LOCATION CODE<br><b>092-ALLEY</b>   | BEAT OF OCCURRENCE<br><b>0622</b>   |
| SEX<br><input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F   | RACE<br><b>WHITE</b>              | DOB<br>[REDACTED]   | DATE OF OCCURRENCE<br><b>13-MAY-2013</b> TIME<br><b>21:14:00</b> DAY OF WEEK<br><b>MONDAY</b> |
| HEIGHT<br><b>503</b>  | WEIGHT<br><b>125</b>              | NO. OF OFFICERS BATTERED <u>1</u>   |   |
| WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES    2. <input checked="" type="checkbox"/> NO   |                                   |   |   |
| IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>  </u>   |                                   |   |   |
| <b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>   |                                   |   |   |
| <input checked="" type="checkbox"/> 1. ON DUTY<br><input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY<br>Describe _____<br><br><input type="checkbox"/> C. CITIZEN'S DRESS<br><input type="checkbox"/> D. TACTICAL<br><input type="checkbox"/> E. B.I.S. UNIT<br><input type="checkbox"/> F. SPECIAL EMPLOYMENT<br><input type="checkbox"/> G. OTHER _____   |                                   | WORKING:<br><input type="checkbox"/> A. ALONE<br><input checked="" type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS<br><br>How many?<br>_____<br><br>PATROL TYPE:<br><input checked="" type="checkbox"/> A. SQUAD CAR<br><input type="checkbox"/> B. FOOT<br><input type="checkbox"/> C. BICYCLE<br><input type="checkbox"/> D. APV/MOTORCYCLE<br><input type="checkbox"/> E. SQUADROL<br><input type="checkbox"/> F. OTHER _____  |   |
| <input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER   |                                   |   |   |
| <b>TYPE OF ACTIVITY</b>   |                                   |   |   |
| <input type="checkbox"/> A. AMBUSH-NO WARNING<br><input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT<br><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON<br><input type="checkbox"/> D. DISTURBANCE - DOMESTIC<br><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT<br><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER<br><input type="checkbox"/> G. DISTURBANCE - OTHER<br><input type="checkbox"/> H. MAN WITH A GUN<br><br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____ IUCR CODE _____ |                                   | (Check all that apply):<br><input type="checkbox"/> A. FIREARM CALIBER<br><br><input type="checkbox"/> 1. REVOLVER<br><input type="checkbox"/> 2. SEMI-AUTOMATIC<br><input type="checkbox"/> 3. RIFLE<br><input type="checkbox"/> 4. SHOTGUN<br><br><input checked="" type="checkbox"/> B. VEHICLE<br><input checked="" type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE<br><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE<br><br><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT<br><br>FIREARM USE INFORMATION<br>(Check all that apply):<br><input type="checkbox"/> A. OFFICER AT GUNPOINT<br><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED<br><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON |   |
| <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____   |                                   | (Check all that apply):<br><input type="checkbox"/> D. HANDS/FISTS<br><input type="checkbox"/> E. FEET<br><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)<br><input type="checkbox"/> G. VERBAL THREAT (ASSAULT)<br><input type="checkbox"/> H. OTHER (SPECIFY) _____  |   |
| <input type="checkbox"/> K. OTHER _____   |                                   | <b>OFFENDER INFORMATION</b><br>SEX<br><input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F      RACE<br><b>BLACK</b> DOB<br><b>15-JUN-1974</b><br>CB NO. _____ IR NO. _____   |   |
| <b>TYPE OF INJURY TO OFFICER</b>  |                                   | WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?  |   |
| <input type="checkbox"/> A. FATAL<br><input checked="" type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries)<br><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abresions)<br><input type="checkbox"/> D. NONE APPARENT/NONE   |                                   | GANG RELATED?<br><input type="checkbox"/> 1. YES<br><input type="checkbox"/> 2. NO<br><input checked="" type="checkbox"/> 3. UNKNOWN  |   |
|   |                                   | NO. OF OFFENDERS PRESENT? <u>2</u>  |   |
| <b>LIGHTING CONDITIONS AT INCIDENT</b>  |                                   | <b>WEATHER CONDITIONS</b>   |   |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR<br><input type="checkbox"/> <input type="checkbox"/> 2. GOOD  |                                   | <input checked="" type="checkbox"/> A. CLEAR<br><input type="checkbox"/> B. RAIN<br><input type="checkbox"/> C. SNOW<br><br><input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER<br><input type="checkbox"/> E. SLEET / HAIL<br><input type="checkbox"/> F. SEVERE CROSS WIND   |   |
| APPROXIMATE OUTDOOR TEMPERATURE: <u>58 °F</u> <span style="float: right;"><i>1062377</i></span>   |                                   |   |   |

**Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).**

**REPORTING MEMBER - SIGNATURE  
MEDRANO, PATRICK J**

**STAR NO.  
878**

**WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
SEARS, MARGARET A  
396**